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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062005 (1)

1. Corporation Name
SPORTSFAN HOLDINGS, INC.

Principal Place of Business
1801 CLINT MOORE ROAD, STE.204
BOCA RATON FL 33487

Mailing Address
1801 CLINT MOORE ROAD, STE.204
BOCA RATON FL 33487-2752



2. Principal Place of Business	2a. Mailing Address
21 6830 N. Federal Hwy. Suite, Apt. #, etc.	26 6830 N. Federal Hwy Suite, Apt. #, etc.
22 Third Floor City & State	27 Third Floor City & State
23 Boca Raton, FL Zip Country	28 Boca Raton, FL Zip Country
24 33487-1626 25 Palm Beach	29 33487-1626 30 Palm Beach

3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 03/05/1996
4. FEI Number 65-0519876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

CIMTA, CARLOS
% SPRING PUBLISHING GROUP, INC.
1801 CLINT MOORE ROAD, STE. 204
BOCA RATON FL 33487

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6830 North Federal Highway
83 Third Floor
84 City Boca Raton, FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMTA, CARLOS	1.2 NAME	
STREET ADDRESS	1801 CLINT MOORE RD. #204	1.3 STREET ADDRESS	6830 North Federal Highway-3rd F
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33487-1626
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMTA, CESAR M.	2.2 NAME	
STREET ADDRESS	1801 CLINT MOORE RD. #204	2.3 STREET ADDRESS	6830 North Federal Highway-3rd F
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33487-1626
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEVERRY, OSCAR	3.2 NAME	
STREET ADDRESS	1801 CLINT MOORE RD. #204	3.3 STREET ADDRESS	6830 North Federal Highway-3rd F
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33487-1626
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Echeverry

2/24/97

Date

Daytime Phone #

0340061

CR2E034 (9/96)